PHOENIX OFFICE

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TUCSON OFFICE

400 West Congress, Suite #221 Tucson, Arizona 85701-1347 Phone: (520) 628-6560 Toll Free (AZ only): 1-800-345-5819 www.azcc.gov

ARIZONA CORPORATION COMMISSION CORPORATIONS DIVISION

GENERAL FILING INSTRUCTIONS FOR APPLICATION FOR NEW AUTHORITY FOR FOREIGN BUSINESS AND FOREIGN NONPROFIT CORPORATIONS

Pursuant to A.R.S. §§ 10-1504 & 10-11504

A foreign business corporation or foreign nonprofit business corporation is required to file an Application for New Authority if it changes:

- 1. Its actual corporation name or the name under which it has obtained authority to transact business in this state.
- 2. The period of its duration.
- 3. The state, province, or country of its incorporation.

| Corpo | ration | Name |
|--------|----------|--|
| • | | Check name for availability using the preliminary name search instructions on our web site at |
| | | <u>www.azcc.gov/corp.</u> |
| | | Attach copy of Tradename Certificate, if applicable. |
| | u | Attach resolution adopting fictitious name. The resolution must be approved by the board of directors and signed by the secretary. |
| Applic | cation f | or New Authority |
| • • | | Indicate exact corporation name. |
| | | Indicate fictitious name adopted for use in Arizona, if the exact name is not available. |
| | | Indicate the state, province or country in which the corporation is incorporated. |
| | | Indicate the date of incorporation and the duration. |
| | | Indicate the address of the principal office in the state, province or country of incorporation. |
| | _ | Indicate the name and address of the statutory agent in Arizona. The statutory agent must provide both |
| | _ | a physical and mailing address. If statutory agent has a P.O. Box, then they must also provide a |
| | | physical street address/location. |
| | | Indicate the street address of the known place of business in Arizona. The address may be in care of the |
| | _ | statutory agent. |
| | | Indicate the limitations of purpose, if applicable. |
| | | Indicate the name(s) and business address(es) of the current directors and officers. |
| | | Indicate number of shares of Stock Corporation is authorized to issue. (<i>Profit ONLY</i>). |
| | | Indicate the aggregate number of shares issued. (<i>Profit ONLY</i>). |
| | | Briefly indicate the business the corporation plans to conduct. |
| | | Indicate whether the corporation has or does not have members (<i>Nonprofit ONLY</i>) |
| | _ | Affix signature of statutory agent (acknowledge acceptance). |
| Fees | _ | Time signature or statutory agent (actinowicage acceptance). |
| | | Attach check for filing fee of \$175.00. Expedited service is available for an additional \$35.00. Make |
| | | check payable to the Arizona Corporation Commission. |
| Copie | s | |
| 000.0 | _ | Attach a copy of the Articles of Amendment or change of domicile, duly authenticated (certified within 60 |
| | _ | days) by the official having custody of the records in the state, province or country of incorporation. |
| Public | ation | auyo, ay ano omoiar narang outdoug or ano root do mano otato, province or occurring or moorportation. |
| | | Once your filing has been approved and processed by the Arizona Corporation Commission, publish |
| | _ | your filing (within 60 days) in a newspaper of general circulation in the county of the known place of |
| | | business in Arizona, as filed with the Commission, for three (3) consecutive publications. A list of |
| | | acceptable newspapers in each county is posted on the Commission web site |
| | | http://www.azcc.gov/corp/filings/forms/newspubs.pdf. An affidavit from the newspaper, evidencing |
| | | such publication, must be delivered to the Commission for filing WITHIN NINETY (90) DAYS from |

the date that your filing was approved and processed by the Arizona Corporation Commission (this

date will be listed in the letter that you receive upon approval for your filing).

DO NOT PUBLISH THIS SECTION

- 1. The corporate name must contain a corporate ending which may be "corporation," "association," "company," "limited." "incorporated" or an abbreviation of any of these words. If you are the holder or assignee of a trade name or trademark, attach the Declaration of Tradename Holder form. If your name is not available for use in Arizona, you must adopt a fictitious name and provide a resolution adopting the name, which must be executed by the corporation Secretary.
- 3. You must provide the total duration in years for which your corporation was formed to endure. If perpetual succession, so indicate in this section. Do not leave blank, or state not applicable.
- **5.** The statutory agent must provide both a physical and mailing address. If statutory agent has a P.O. Box, then they must also provide a physical street address/location.

APPLICATION FOR NEW AUTHORITY TO TRANSACT BUSINESS IN ARIZONA

Pursuant to A.R.S. §§ 10-1504 & 10-11504

The name of the corporation is: (State, Province or Country) Corporation We are a foreign corporation currently authorized to transact business in Arizona Χ and must now file this Application for New Authority pursuant to A.R.S. § 10-1504 because we have changed the following in our domicile jurisdiction: Our actual corporate name (or the name under which we originally obtained authority in Arizona). The period of our duration. The state, province or country of our incorporation. 1. The exact name of the foreign corporation is: If the exact name of the foreign corporation is not available for use in this state, then the fictitious name adopted for use by the corporation in Arizona is: (FN). 2. The name of the state, province or country in which the foreign corporation is incorporated is: 3. The foreign corporation was incorporated on the ____ day of ___ and the period of its duration is: 4. The street address of the principal office of the foreign corporation in the state, province or country of its incorporation is: 5. The name and street address of the statutory agent for the foreign corporation in Arizona is:

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| DO NOT PUBLISH THIS SECTION | | The street address of the known place of busines F DIFFERENT from the street address of the stat | | | | |
|--|-------|--|------------------------------------|--|--|--|
| | - | | | | | |
| 5b. Indicate to which address the Annual Report should be mailed. | - | | | | | |
| | 5b. s | The Annual Report and general correspondence specified above in section 4 or 5a | should be mailed to the address —· | | | |
| 6. If the purpose of your corporation has any limitations with regard to this section, so indicate. If not, state no limitations or leave blank. | (| 6. The purpose of the corporation is to engage in any and all lawful business corporations may engage in the state, province or country under whose la foreign corporation is incorporated, with the following limitations if any: | | | | |
| | | The names and usual business addresses of the operation are: (Attach additional sheets | | | | |
| | , n | lame:, | [title] | | | |
| | | Address: | <u> </u> | | | |
| | | City, State, Zip | | | | |
| | ١ | Name: | title] | | | |
| | P | Address: | | | | |
| | C | City, State, Zip | | | | |
| | ١ | lame: | title] | | | |
| | P | Address: | | | | |
| | C | City, State, Zip | | | | |
| | ١ | lame:, | [title] | | | |
| | P | Address: | | | | |
| | C | City, State, Zip | | | | |
| 8. The total number of authorized shares cannot be "zero" or | | The foreign corporation is authorized to issue | shares, itemized as | | | |
| "N/A". Include | T · | ollows: (Attach additional sheets if necessary.) | | | | |
| authorized, not issued shares in this | _ | shares of | | | | |
| section. | _ | no par value or par value of \$ | • | | | |
| | _ | shares of | | | | |
| | _ | no par value or par value of \$ | • | | | |
| | _ | shares of | - | | | |
| CF:0026 | - | no par value or par value of \$ | per share. | | | |

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9. The total number of issued shares cannot be "N/A".

The Application must be accompanied by the following:

① A Certificate of Disclosure, executed within 30 days of delivery to the Commission, by a duly authorized officer

②A certified copy of your articles of incorporation, all amendments and mergers (AZ Const. Art. XIV, §8) and a certificate of existence or document of similar import duly authenticated (within 60 days) by the official having custody of corporate records in the state, province or country under whose laws the corporation is incorporated.

The agent must consent to the appointment by executing the consent.

| | The foreign corp | poration has issued | | shares, itemized as follows: | | | | | |
|----|---|--|----------------------------|---|--|--|--|--|--|
| | | shares of | | [class or series] stock at | | | | | |
| | | no par value or pa | r value of \$ | per share. | | | | | |
| | | shares of | | [class or series] stock at | | | | | |
| | | no par value or pa | r value of \$ | per share. | | | | | |
| | | shares of | | [class or series] stock at | | | | | |
| | | no par value or par value of \$ | | per share. | | | | | |
| ١. | The character of business the foreign corporation initially intends to conduct in Arizona | | | | | | | | |
| | Dated this | day of | | | | | | | |
| | Executed by: | | | | | | | | |
| | | Duly Authorized Officer | | | | | | | |
| | | [print name] | [title] | <u>`</u> | | | | | |
| | | | | | | | | | |
| | PHONE | F | AX | | | | | | |
| | PHONE | | AX | | | | | | |
| | [option | | [optional] | | | | | | |
| | [option | nal] DF APPOINTMENT BY STA | [optional] ATUTORY AGEN | | | | | | |
| | [option ACCEPTANCE Control of the undersigned] | nal] DF APPOINTMENT BY STA | [optional] ATUTORY AGEN | NT ointment as statutory agent of this | | | | | |
| | [option ACCEPTANCE Control of the undersigned] | nal] DF APPOINTMENT BY STA hereby acknowledges and | [optional] ATUTORY AGEN | NT ointment as statutory agent of this | | | | | |
| | [option ACCEPTANCE Control of the undersigned] | nal] DF APPOINTMENT BY STA hereby acknowledges and | [optional] ATUTORY AGEN | NT ointment as statutory agent of this | | | | | |
| | ACCEPTANCE Corporation effect | nal] DF APPOINTMENT BY STA hereby acknowledges and | [optional] ATUTORY AGEN | NT ointment as statutory agent of this | | | | | |
| | ACCEPTANCE Control of the undersigned corporation effects | nal] DF APPOINTMENT BY STA hereby acknowledges and | [optional] ATUTORY AGEN | NT ointment as statutory agent of this | | | | | |